

# EVALUATION AND TREATMENT OF HYPERTENSION FOR CHILDREN WITH BMI >85TH PCTILE OVER 10 YEARS

## Inclusion criteria:

- Overweight/Obesity
- Over 10 years

## Exclusion criteria:

- Under 10 years
- Normal BMI
- Pregnancy
- Children with known risk factors for secondary hypertension, prematurity, renal or cardiac disease

Urgently elevated blood pressure - refer to ED

BP measured with appropriate cuff size<sup>^</sup> (fits 80% of the arm, 2/3 length of upper arm), manually measured, not with machine (Determine BP percentile according to chart)

BP < 90th percentile (< 120/80 for normal height, ages 12y or older)

BP 90-95th percentile, or BP > 95th at one visit, or equivocal readings

BP > 95th percentile measured at 3 separate visits\* (> 130/85 for normal height, ages 12y or older)

\*within 3 months, unless BP > 99th percentile, then repeat in 1-2 weeks

Repeat BPs by provider utilizing appropriate size cuff<sup>#</sup> (any) 3 visits

## Follow up by PCP:

- Weight management
- Routine monitoring every 6 mo-1y

Nephrology or Cardiology Consult, if abnormal pedal pulses, according to results

PCP to do additional evaluation\*

## Treatment by PCP:

- Weight management
- Low salt diet – nutrition referral
- Start ACE inhibitor:
  - Lisinopril 5mg → 10 mg QD/BID
  - Enalapril 2.5mg → 6 mg BID
- Birth control counseling - ACE inhibitors are teratogenic
- Lytes, BUN, creat in 4-6 weeks

## \*PCP to do additional evaluation:

- Labs
  - BUN/creatinine, lytes, glucose, CBC, lipids
  - Urinalysis
  - Protein/creatinine ratio
- Renal ultrasound with Doppler (Ordered at Connecticut Children's or other experienced pediatric radiology center)
- Pedal pulses
- Echocardiogram

<sup>^</sup> Please use next cuff size up prior to referring  
<sup>#</sup> Utilize other provider, such as school nurse, only if appropriate cuff size is available

3-6 month follow up with PCP

BP > 95th

BP < 95th

~ 3 visits with BP < 95th

Refer to nephrology

Routine monitoring by PCP: BP, BUN, creat, lytes by PCP every 6 mo